U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - 17.267

3. Name and address of person filing.

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US DC

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

WREAD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Brad Lander	Name Studio Utility Employees Local 724
	Labor Organization File Number 001-353
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6030 Van Noord Avenue	Street 6700 Melrose Avenue
City Valley Glen	City Hollywood
State California ZIP Code + 4 91401	State California ZIP Code + 4 90038
5. Position in labor organization.	E-PRESIDENT
	or spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	7.0. Allount
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any according the undersigned's knowledge and belief, true, correct, and complete. (See	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)
Signed O	on 8-15-05 818-535-8783
	Date Telephone Number

Name of Person Filing	•	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any),

Name Mike Quevedo Sr. Scholarship Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 4399 Santa Anita Avenue

City El Monte

State California

ZIP Code + 4 91731

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Mike Quevedo Sr. Scholarship Fund provides scholarships to el..gible dependents of members of the Southern California Laborers Unions that will be pursuing a post-secondary education program.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

8/23/04

Participated in a golf tournament at which Local 724 paid the entry fee.

12.b. Amount.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

N/A

14.b. Amount of payment.

Name of	f Person	Filing	Brad	Lander

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including trade name, if any). Name Calif. Ass'n of Labor Relations Officers Trade Name, if any: CALRO b. Trust P.O. Box, Bldg., Room No., if any Suite 820 c. Employer Street 6464 Sunset Boulevard City Hollywood ZIP Code + 4 90028 State California 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. CALRO provides training seminars and other Name N/A educational services to Labor Relations officers from all police and sheriff jurisdictions in the Trade Name, if any: State of California. P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 10/1/04 Participated in a golf tournament at which Local 724 paid the entry fee. 12.b. Amount. \$100

Name of	Person	Filing	Brad	Lander

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including trade name, if any). Name LAPD Labor Liaison Section X a. Lat-or Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Suite 820 c. Employer Street 6464 Sunset Boulevard City Hollywood ZIP Code + 4 90028 State California 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Los Angeles Police Department Labor Liaison Section Name N/A provides police services in the area of Labor Relations for both Unions and Management. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 11/5/04 Participated in a golf tournamemt at which Local 724 paid the entry fee. \$145 12.b. Amount.